

# MARINE SAFETY PROGRAM REIMBURSEMENT PROCEDURES

CFDA 97.012 BOATING SAFETY FINANCIAL ASSISTANCE

Michigan Department of Natural Resources Grants Management

#### MICHIGAN DEPARTMENT OF NATURAL RESOURCES MISSION STATEMENT

"The Michigan Department of Natural Resources is committed to the conservation, protection, management, use and enjoyment of the State's natural resources for current and future generations."

#### NATURAL RESOURCES COMMISSION STATEMENT

The Natural Resources Commission, as the governing body for the Michigan Department of Natural Resources, provides a strategic framework for the DNR to effectively manage your resources. The NRC holds monthly, public meetings throughout Michigan, working closely with its constituencies in establishing and improving natural resources management policy.

The Michigan Department of Natural Resources provides equal opportunities for employment and access to Michigan's natural resources. Both state and federal laws prohibit discrimination on the basis of race, color, national origin, religion, disability, age, sex, height, weight or marital status under the U.S. Civil Rights Acts Of 1964 As Amended, 1976 MI PA 453, 1976 MI PA 220, Title V of the Rehabilitation Act of 1973 as amended, and the 1990 Americans With Disabilities Act, as amended.

If you believe that you have been discriminated against in any program, activity, or facility, or if you desire additional information, please write Human Resources, Michigan Department of Natural Resources, PO Box 30028, Lansing MI 48909-7528, *or* Michigan Department of Civil Rights, Cadillac Place, 3054 W. Grand Blvd., Suite 3-600, Detroit MI 48202, *or* Division of Federal Assistance, U.S. Fish and Wildlife Service, 4401 North Fairfax Drive Mailstop MBSP-4020, Arlington VA 22203

For information or assistance on this publication, contact Grants Management, Michigan Department of Natural Resources, PO Box 30425, Lansing MI 48909-7925

This information is available in alternative formats.

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# REIMBURSEMENT PROCEDURES

The State Aid Voucher is used by the counties to request reimbursement from the Michigan Department of Natural Resources (DNR) for their expenditures in conducting a Marine Safety Program.

The program period runs from:

January 1 through September 30 for counties receiving all federal funds

January 1 through December 31 for counties receiving federal and state funds

In 2006, the DNR added federal funds from a U.S. Coast Guard grant to augment the available state funds for the Marine Safety Program grants to counties. A workgroup consisting of participants from DNR Grants Management, DNR Law Enforcement Division, DNR Budget and Support Services, county sheriffs and Michigan Sheriff's Association met and determined the guidelines for using the federal funds. It was determined that counties with smaller Marine Safety budgets would receive all federal funds and counties with larger budgets would receive a mix of state and federal funds. Counties receiving funds from both state and federal sources will need to submit two payment requests.

#### **DUE DATES:**

- ➤ COUNTIES RECEIVING ALL FEDERAL FUNDS AS SOON AS THE PROGRAM IS COMPLETED, BUT NO LATER THAN OCTOBER 15 OF THE CURRENT YEAR (PROGRAM MUST BE COMPLETED BY SEPTEMBER 30)
- COUNTIES RECEIVING FEDERAL & STATE FUNDS

FEDERAL PORTION – ONE MONTH AFTER FEDERAL AMOUNT IS EARNED, BUT NO LATER THAN SEPTEMBER 1 OF THE CURRENT YEAR

STATE PORTION – APRIL 1 OF THE FOLLOWING YEAR

There are eight (8) separate forms to be completed and submitted:

- > PR1929, Marine Safety Program State Aid Voucher
- > PR1932, Financial Report
- ➤ PR1932-1, Employee Salaries/Wages/Fringe Expenditure Detail
- > PR1932-2, Employee Training Expenditure Detail
- > PR1932-3, Patrol Craft Expenditure Detail
- > PR1932-4, Vehicle Expenditure Detail
- > PR1932-5, Contractual Services, Supplies and Materials Expenditure Detail
- > PR1932-6, Students Trained Detail

#### ALL FORMS MUST BE COMPLETED.

If there are no entries for a category (forms PR1932-1 through PR1932-6), complete the top portion of the form and indicate that there were no entries.

In addition to the State Aid Voucher and accompanying financial reports, counties also need to submit two (2) Semi-Annual Activity Reports and a Yearly Activity Report (PR1927).

Failure to submit the proper documentation will result in a delay in processing the reimbursement and can affect the amount of reimbursement the county receives.

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IC1929-2 (Rev. 06/12/2006)

#### **GENERAL INSTRUCTIONS**

- 1. Updated forms have been developed for the State Aid Voucher (PR1929) and the Financial Reports (PR1932-1 through PR1932-6). These forms must be used. The Financial Reports are available as Excel files for those counties who wish to be able to input the information directly into the forms. These can be sent to the county as either an e-mail attachment or on a disk. Formulas have been entered so that Amount Paid on the PR1932-1, Salaries and Wages Expenditure Detail, and the subtotal for each report will calculate automatically. The Grand Total does not contain a formula as each county will use a different number of pages. The State Aid Voucher (PR1929) is available on our website.
  - Some counties have created their own forms. If your county has done this, please make sure all of the pertinent information has been updated to reflect the current information. Also, use a font that is at least 10 point and print the reports on  $8 \frac{1}{2} \times 11$  paper.
- 2. Submit only those expenditures which are eligible under the Marine Safety Program. **DO NOT INCLUDE EXPENDITURES, SALARIES AND WAGES OR HOURS FOR ORV OR SNOWMOBILE LAW ENFORCEMENT PROGRAMS.**
- 3. Do not include equipment purchases. Approved equipment purchases are to be reported on a separate form to be sent to the county at the time the purchase is approved
- 4. Sales tax applied to purchases is ineligible.
- 5. Do not list each individual item on an invoice. The description should indicate the purpose of the payment.
- 6. For gasoline purchases, do not list each purchase slip if multiple ones were paid by one check.
- 7. If several invoices for a vendor are paid by one check, list each invoice separately.
- 8. List expenditures in chronological order.
- 9. Do not staple checks to invoices.
- 10. Only one set of documentation is required.

#### When submitting the documentation, include the following:

- Original forms with original signatures
- One copy of the invoices for all expenditures exceeding \$100.00 (except gasoline expenditures). Do not send originals.
- One copy of the canceled checks OR a copy of the non-negotiable check and the bank statement showing the cleared check for expenditures exceeding \$100.00 (only need one copy if a check pays multiple invoices).
- The Yearly Activity Report if one has not been submitted.

ALL INCOMPLETE REQUESTS WILL BE RETURNED TO THE COUNTY.

# **PR1929 STATE AID VOUCHER**

#### **Top Part of Form:**

- **Upper Right** Enter the calendar year for which reimbursement is being requested. Check the box to indicate whether the request is for federal funds or state funds (refer to your county's grant agreement).
- **Pay to** Enter the NAME of the County Treasurer, the name of the County and the address for the County Treasurer. All payments are sent directly to the County Treasurer's office.

#### **Expenditure Section**

- **Item 1** Enter the amount for Salaries and Wages from the PR1932.
- **Item 2** Enter the total of Employee Training, Patrol Craft, Vehicles and Contractual Services from the PR1932.
- **Item 3** Enter the amount of receipts received during the program year (Insurance, Gas Tax, and Sale of Equipment).
- Item 4 This is the total of lines 1 and 2 minus line 3.
- Item 5 The request amount will be 100% of line 4 for federal funds and 3/4 of line 4 for state funds.

#### **For Grantee Use Only Section**

Provide the name, title and signature of the County Fiscal Officer (treasurer, comptroller, etc.) and the County Sheriff. Make sure the form is dated.

#### ALL SECTIONS MUST BE COMPLETED

IC1929-2 (Rev. 06/12/2006)

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# EXAMPLE OF COMPLETED PR1929, STATE AID VOUCHER - FEDERAL FUNDS



Michigan Department of Natural Resources / Grants Management

# MARINE SAFETY PROGRAM

STATE AID VOUCHER

This information is required by authority of Part 801, 1994 PA 451, as amended, to obtain/qualify for reimbursement.

CFDA 97.012 BOATING SAFETY FINANCIAL ASSISTANCE

FOR CALENDAR YEAR:			
2006			
FEDERAL FUNDS	$\boxtimes$		
STATE FUNDS	П		

COUNTY USE  2,730.66  7,053.90  25.00  9,759.56  EE USE ONLY  ce with the schedule of authorized expenditures and regulations adopted by ad to payment of State Aid in accordance with Part 801, 1994 PA 451, as has previously been included in a State Aid claim.  Treasurer  Title  09/01/2006  Date  Shoriff
2,730.66 7,053.90 25.00 9,759.56  9,759.56  EE USE ONLY  The with the schedule of authorized expenditures and regulations adopted by and to payment of State Aid in accordance with Part 801, 1994 PA 451, as that previously been included in a State Aid claim.  Treasurer  Title 09/01/2006 Date
2,730.66 7,053.90 25.00 9,759.56  9,759.56  EE USE ONLY  The with the schedule of authorized expenditures and regulations adopted by and to payment of State Aid in accordance with Part 801, 1994 PA 451, as that previously been included in a State Aid claim.  Treasurer  Title 09/01/2006 Date
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7,053.90 25.00 9,759.56  9,759.56  EE USE ONLY  ce with the schedule of authorized expenditures and regulations adopted by ed to payment of State Aid in accordance with Part 801, 1994 PA 451, as has previously been included in a State Aid claim.  Treasurer  Title 09/01/2006  Date
25.00 9,759.56  9,759.56  9,759.56  EE USE ONLY  ce with the schedule of authorized expenditures and regulations adopted by ad to payment of State Aid in accordance with Part 801, 1994 PA 451, as has previously been included in a State Aid claim.  Treasurer  Title 09/01/2006  Date
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ce with the schedule of authorized expenditures and regulations adopted by the dot payment of State Aid in accordance with Part 801, 1994 PA 451, as has previously been included in a State Aid claim.  Treasurer  Title  09/01/2006  Date
ed to payment of State Aid in accordance with Part 801, 1994 PA 451, as has previously been included in a State Aid claim.  Treasurer  Title  09/01/2006  Date
Title 09/01/2006 Date
09/01/2006 Date
Choriff
<u>Sheriff</u>
Title
09/02/2006
Date
BRAL RESOURCES USE ONLY been reviewed and that such expenditures when made in lations adopted by the Department of Natural Resources would Part 801 1994 P. 450 as amended. Such expenditures being approved  Amount of State Aid Certified for Payment  Date:  TREASURY USE ONLY
and Detail Sheets to: NE SAFETY PROGRAM NTS MANAGEMENT IGAN DEPARTMENT OF NATURAL RESOURCES OX 30425 SING MI 48909-7925 PR1929 (Rev. 04/26/2006

# EXAMPLE OF COMPLETED PR1929, STATE AID VOUCHER - STATE FUNDS



Michigan Department of Natural Resources / Grants Management

## **MARINE SAFETY PROGRAM** STATE AID VOUCHER

This information is required by authority of Part 801, 1994 PA 451, as amended, to obtain/qualify for reimbursement.

FOR CALENDAR Y	
2006	
FEDERAL FUNDS	

CFDA 97.012 BOATING SAFETY FINA	NCIAL ASSISTANCE	STATE FUNDS		
	er, XXXXXXXXXXX	_, County		
Street Address or P.O. Box <u>5531 Any Street</u>				
City, State, Zip Code Any City, MI 48000				
EXPENDITURE ITEM	COUNTY USE	DNR USE ONLY		
Salaries, Wages & Fringes (From Detail of Expenditures)	2,730.66			
CSS&M (From Detail of Expenditures PR1932-2 through 5)	7,053.90			
3. Less "Receipts" (Insurance, Gas Tax, Sale of Equipment)	25.00			
4. TOTAL	9,759.56			
5. <b>REQUEST AMOUNT:</b> FEDERAL (100% of Total on Line 4) STATE (3/4 of Total on Line 4)	7319.67			
6. FOR GRANTE	E USE ONLY			
I hereby certify that the above expenditures have been made in accordance the Department of Natural Resources and that the county listed is entitled amended; that the above claim is just, true and correct; that no part thereof h	d to payment of State Aid in accordance with	Part 801, 1994 PA 451, as		
Irma Moneypenny	Treasure	<u> </u>		
Name of Fiscal Officer (Type or Print)	Title 02/05/2007	7		
Signature of Fiscal Officer				
Gene Autry	Sheriff			
Name of County Sheriff (Type or Print)	Title			
	02/07/2007	7		
Signature of County Sheriff	Date			
Thereby certify that the above payroll and list of expenditures have been reviewed and that such expenditures when made in accordance with the schedule of authorized expenditures and regulations adopted by the Department of Natural Resources would entitle the county listed to payment of State Aid in accordance with Part 801, 1994 RA 431 as arounded. Such expenditures being certified to by the county sheriff and fiscal officer, payment is hereby approved.  By:  Date:  By:  Date:  Amount of State Aid Certified for Payment  State Aid Certified for Payment  Refund Ordered: \$  Account in Order  Refund Ordered: \$  Sy:  Return completed State Aid Voucher with Financial Report and Detail Sheets to:				
MARINE SAFETY PROGRAM  GRANTS MANAGEMENT  MICHIGAN DEPARTMENT OF NATURAL RESOURCES  PO BOX 30425  LANSING MI 48909-7925				

#### **PR1932 FINANCIAL REPORT**

This form is the summary of forms PR1932-1 through PR1932-5 (these forms will need to be completed before this one can be done). All sections are to be completed. If there were no expenditures for a particular category, then enter zero.

- Item 1 Name of the County
- Item 2 Beginning date of the reporting period (January 1, XXXX)
- Item 3 Ending date of the reporting period (September 30, XXXX or December 31, XXXX)
- NOTE: These three items are to be completed on forms PR1932-1 through PR1932-6.
- **Item 4** Mailing address of the **County Treasurer**.
- **Item 5** Column heading for the type of expenditures.
- **Item 6** Enter the grand total from each of the applicable forms.
- Item 7 Enter the number of full time Marine Safety officers and the number of part-time Marine Safety Officers. PLEASE COMPLETE THIS ITEM.

#### Certification:

Name of Person Completing the Forms – this is the person who actually completes the forms whether it is someone within the Marine Safety Division or other financial person.

Name of the Project Director – this is the person who oversees the program, usually the Marine Safety officer.

# **EXAMPLE OF COMPLETED PR1932, FINANCIAL REPORT**



Michigan Department of Natural Resources

**Grants Management** 

# MARINE SAFETY PROGRAM FINANCIAL REPORT

Required by authority of Part 801, 1994 PA 451, as amended, to receive grant reimbursement.

1. COUNTY:	2. REPORTING PERIOD FROM:	3. REPORTING PERIOD TO:
XXXXXXXXX	January 1, 20XX	December 31, 20XX
4. MAILING ADDRESS (COUNTY TREASURER):		
5531 Any Street, Any City, MI 48000	$\sim$	
5. EXPENDITU	RES*	6. TOTAL EXPENDITURES
Salaries/Wages (PR1932-1)	$\sim$	2,730.66
Employee Training (PR1932-2)	$\sim 110$	500.00
Patrol Craft (PR1932-3)		2,175.00
Vehicles (PR1932-4)		3,860.00
Contractual Services/Other (PR1932-5)		518.90
1 (	2 11 11 2 ×	
	TOTAL:	\$9,784.56
7. Number of full time officers:	Number of part time officers:	;
	CERTIFICATION	
I certify that this is a true and correct statement		
reporting period and that documentation to sup	port these expenditures is available f	
Name of Person Completing the Forms (Print or Type):		Title:
Sandra K. Beach		Comptroller
Signature of Person Completing the Forms:		Date:
		01/31/2005
Name of Project Director (Print or Type):		Title:
Richard R. Poorer		Marine Officer
Signature of Project Director:		Date:
		02/03/2005

Return completed report to:

MARINE SAFETY PROGRAM
GRANTS MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30425
LANSING MI 48909-7925

PR1932 (Rev. 05/04/2006)

<sup>\*</sup>Attach expenditure detail sheet for each expenditure category with expenditures this reporting period.

# PR1932-1 Employee Salaries and Wages Expenditure Detail

This form is for reporting the salaries and wages of all persons who work on the Marine Safety program as well as the fringe benefits.

- Eligible salaries/wages salaries/wages that were paid within the calendar year for Marine Safety patrol, enforcement work, court appearances, boating safety instruction, boat livery inspection, marine equipment maintenance, search and rescue, marine program clerical work, and recovery of drowned bodies. Sick pay and vacation time that were paid for those employees who worked full-time performing marine safety duties/responsibilities are also eligible. DO NOT INCLUDE TIME SPENT FOR DIVE TRAINING, FIREARMS TRAINING OR OTHER TRAINING NOT AUTHORIZED BY THE DNR. The salaries/wages of the county sheriff are not eligible for reimbursement.
- Fringe benefits the county's cost for benefits such as FICA, hospitalization, retirement and unemployment.
- Overtime a person must have worked in excess of 80 hours for full time employees and 40 hours for part time employees in a pay period on Marine Safety duties. The rate of pay will be at the regular pay rate for anyone who has not worked the required number of hours. This includes personnel from other areas who assist, such as divers doing body recovery. LIST OVERTIME SEPARATELY.
- THE TOTAL HOURS ON THIS FORM AND ON THE ACTIVITY REPORTS MUST BE THE SAME
- **Item 4 –** The date the employee was paid.
- **Item 5** The name of the employee.
- **Item 6** The rate of pay for hourly employees. If an employee is paid on a yearly salary basis, the amount paid for that time period would be listed under the Amount Paid. Indicate that the person is paid on a yearly salary basis.
- Item 7 Number of hours worked during the pay period.
- **Item 8 –** Amount paid is the number of hours times the rate.
- Item 9 Subtotals for this page. Complete this if more than one page is needed.
- **Item 10 –** Grand Totals Enter the total hours and the total amount paid.

The total number of hours should equal the total hours reported on the Semi-Annual and Yearly Activity Reports.

**FRINGE BENEFITS:** On the last page, list the type of fringe benefit paid, the rate used to determine the amount and the total amount. Do not list the fringe benefits for each pay period separately.

Example:	Social Security	7.65% x gross pay = \$XXX		
	Retirement	XXXX	= \$XXX.XX	

Health Insurance XXXX = \$XXX.XX

## EXAMPLE OF COMPLETED PR1932-1, EMPLOYEE SALARIES/WAGES/FRINGE EXPENDITURE DETAIL



# Michigan Department of Natural Resources – Grants Management MARINE SAFETY PROGRAM FINANCIAL REPORT

#### **EMPLOYEE SALARIES/WAGES/FRINGE EXPENDITURE DETAIL**

Required by authority of Part 801, 1994 PA 451, as amended, to receive grant reimbursement

1. COUNTY		2. REPORTING PERIOD FROM		3. REPORTING PERIOD TO
XXXXXXXXXX		January 1, 20XX		December 31, 20XX
4. DATE PAID	5. EMPLOYEE NAME	6. RATE OF PAY	7. NO. OF HOURS	8. AMOUNT PAID
01/10/2004	John Doe	10.00	80.00	800.00
06/26/200X	Harry Potter	9.00	4.00	36.00
06/26/200X	John Doe	10.00	80.00	800.00
06/06/200X	John Doe overtime	15.00	10.00	150.00
06/06/200X	Harry Potter	9.00	60.00	540.00
06/06/200X	Harry Potter overtime	9.00	10.00	90.00
	Fringe Benefits: Social Security 7.65% x \$2,416 Life Insurance rate x amount Health Insurance rate x amount Unemployment rate x amount			184.82 4.83 100.00 25.00
		9. Subtotals this page:	244.00	2,730.66
		10. GRAND TOTALS (Also record on PR1932)	244.00	\$2,730.66

PR1932-1 (Rev. 11/22/2005)

# PR1932-2 Employee Training Expenditure Detail

This form is used to list the costs incurred for eligible training expenses directly related to Marine Safety conducted by or preauthorized by the DNR. This includes the Marine Safety Administrative Workshop and the Marine Safety Training School for new officers. Mileage paid to an officer for use of a personal vehicle to attend the training would also be listed on this form. Mileage will be calculated at the state rate for the year in which the expenditure was incurred. Dive training, firearms training and out-of-state training/travel are not eligible for reimbursement.

- Item 4 Enter the date the payment was made.
- Item 5 Enter the voucher number or the check number for the payment.
- Item 6 Enter the name of the vendor.
- Item 7 Enter a description of the type of training.
- Item 8 Enter the amount paid to the vendor.
- Item 9 Subtotals for this page. Complete this if more than one page is needed.
- Item 10 Enter the grand total of all pages completed.

## EXAMPLE OF COMPLETED PR1932-2, EMPLOYEE TRAINING EXPENDITURE DETAIL



#### Michigan Department of Natural Resources - Grants Management MARINE SAFETY PROGRAM FINANCIAL REPORT **EMPLOYEE TRAINING EXPENDITURE DETAIL**

Required by authority of Part 801, 1994 PA 451, as amended, to receive grant reimbursement

1. COUNTY			2. REPORTING PERIOD FROM	3. REPORTING PERIOD TO
XXXXXXX			January 1, 200X	December 31, 200X
4. DATE PAID	5. DOC NO.	6. VENDOR	7. DESCRIPTION	8. AMOUNT PAID
	5. DOC NO. 23456 23543	6. VENDOR Holiday Inn Holiday Inn	7. DESCRIPTION  Administrative Workshop Marine Officer School	
			9. Subtotal this page:	500.00
			10. GRAND TOTAL (Also record on PR1932)	\$500.00

PR1932-2 (Rev. 11/22/2005

# PR1932-3 Patrol Craft Expenditure Detail

This form is used to report all expenditures related to the operation of patrol craft. This includes gas and oil, repairs, non-equipment items required for the operation of the patrol craft, shrink wrapping the patrol craft for storage, boat decals, expenditures related to the trailer and supplies used on the patrol craft.

- Dive related expenditures are ineligible.
- Payments for leasing boat docking space and boat registrations are to be listed on PR1932-5, Contractual Services, Supplies and Materials.
- **Item 4** Enter the date the payment was made.
- **Item 5** Enter the voucher number or the check number for the payment.
- **Item 6** Enter the name of the vendor.
- **Item 7** Enter a description of the item purchased or service provided.
- Item 8 Enter the amount paid to the vendor.
- Item 9 Subtotals for this page. Complete this if more than one page is needed.
- **Item 10** Enter the grand total of all pages completed.

## EXAMPLE OF COMPLETED PR1932-3, PATROL CRAFT EXPENDITURE DETAIL



# Michigan Department of Natural Resources – Grants Management MARINE SAFETY PROGRAM FINANCIAL REPORT

#### PATROL CRAFT EXPENDITURE DETAIL

Required by authority of Part 801, 1994 PA 451, as amended, to receive grant reimbursement

1. COUNTY			2. REPORTING PERIOD FROM	3. REPORTING PERIOD TO
XXXXXXX			January 2, 200X	December 31, 200X
4. DATE PAID	5. DOC NO.	6. VENDOR	7. DESCRIPTION	8. AMOUNT PAID
03/07/200X	31523	Michigan Sheriff Association	4 boat decals	100.00
03/31/200X	31555	NAPA Parts Supply	trailer light bulbs, spark plugs	50.00
04/30/200X	31603	Ritz/Boater World	cleaner/wax, outdrive, paint, tie down	170.00
05/30/200X	31650	Dockside Marina	repair lower seals/boat #4	130.00
06/15/200X	31750	Dockside Marina	repair engine/boat #3	500.00
06/25/200X	31755	Johnson's Harbor Company	boat gas	150.00
07/23/200X	31800	Buddy's Boat Repairs	fiberglass repair-boat #1	375.00
07/23/200X	31800	Buddy's Boat Repairs	fiberglass repair-boat #2	300.00
11/30/200X	52004	Dockside Marina	winterize boats	400.00
L			9. Subtotal this page:	2,175.00
			10. GRAND TOTAL (Also record on PR1932)	\$2,175.00

PR1932-3 (Rev. 11/22/2005

# PR1932-4 Vehicle Expenditure Detail

This form is used to report all expenditures relating to the operation of a motor vehicle used exclusively in the Marine Safety program. This would also include the cost of leasing a vehicle for the program and mileage paid to personnel for the use of their own vehicle.

- Leased Vehicles only gas and oil expenses are eligible in addition to the cost of the lease payments (limited to \$300 per month). Repairs are ineligible.
- Mileage is limited to the state rate as set by the Michigan Department of Management and Budget for the program year. If a mileage rate is
  used, no other expenses are eligible.
- The purchase of vehicles is ineligible.
- Provide a list of vehicles and indicate which ones are leased and which ones are owned.
- **Item 4** Enter the date the payment was made.
- **Item 5** Enter the voucher number or the check number for the payment.
- **Item 6** Enter the name of the vendor.
- **Item 7** Enter a description of the item purchased or service provided. If mileage is reported, provide the number of miles as well as the rate.
- **Item 8** Enter the amount paid to the vendor.
- Item 9 Subtotals for this page. Complete this if more than one page is needed.
- **Item 10** Enter the grand total of all pages completed.

## **EXAMPLE OF COMPLETED PR1932-4, VEHICLE EXPENDITURE DETAIL**



# Michigan Department of Natural Resources – Grants Management MARINE SAFETY PROGRAM FINANCIAL REPORT VEHICLE EXPENDITURE DETAIL

Required by authority of Part 801, 1994 PA 451, as amended, to receive grant reimbursement

1. COUNTY			2. REPORTING PERIOD FROM	3. REPORTING PERIOD TO
XXXXXXX			January 2, 200X	December 31, 200X
4. DATE PAID	5. DOC NO.	6. VENDOR	7. DESCRIPTION	8. AMOUNT PAID
03/20/200X	30451	Standard Oil Company	Marine vehicle gas	30.00
03/30/200X	30462	Alcona County	Lease/marine vehicle #2 (9 months)	3,600.00
04/30/200X	30469	Lou's Auto Repair	bumper, fender/vehicle #1	230.00
			9. Subtotal this page:	3,860.00
			10. GRAND TOTAL (Also record on PR1932)	\$3,860.00

PR1932-4 (Rev. 11/22/2005

# PR1932-5 Contractual Services, Supplies and Materials

This form is used to report all other expenditures related to conducting the Marine Safety program. This includes, but is not limited to, boat registrations, office supplies, uniform purchases, dry cleaning of uniforms, personal floatation devices, building and dock rental, telephone costs, pager costs, and approved cost allocations for office space.

- Uniform allowances are limited to \$250.00 per year for full-time Marine Safety officers and \$125.00 per year for part-time Marine Safety officers. Part time officers must work a minimum of twenty hours per week between Memorial Day and Labor Day to be eligible.
- Uniform allowance includes all individually issued gear, including baseball style hats, rain gear, boat shoes and boots. Dry cleaning allowance/cost is also eligible but is considered as part of the uniform allowance.
- Ineligible items include:
  - Firearms, gun belts, leather accessories, ammunition and pepper spray
  - Diving expenses (air tank refills, parts for equipment, etc.)
  - Costs for employee physicals
  - Rental in county-owned buildings
  - o Administrative costs (cost allocations for various services provided by the county, overhead, etc.)
- **Item 4** Enter the date the payment was made.
- **Item 5** Enter the voucher number or the check number for the payment.
- Item 6 Enter the name of the vendor.
- **Item 7** Enter a description of the item purchased or service provided.
- Item 8 Enter the amount paid to the vendor.
- **Item 9** Subtotals for this page. Complete this if more than one page is needed.
- **Item 10** Enter the grand total of all pages completed.

## EXAMPLE OF COMPLETED PR1932-5, CONTRACTUAL SERVICES, SUPPLIES AND MATERIALS EXPENDITURE DETAIL



# Michigan Department of Natural Resources – Grants Management MARINE SAFETY PROGRAM FINANCIAL REPORT

#### CONTRACTUAL SERVICES, SUPPLIES AND MATERIALS EXPENDITURE DETAIL

Required by authority of Part 801, 1994 PA 451, as amended, to receive grant reimbursement

1. COUNTY			2. REPORTING PERIOD FROM	3. REPORTING PERIOD TO
XXXXXXX			January 2, 200X	December 31, 200X
4. DATE PAID	5. DOC NO.	6. VENDOR	7. DESCRIPTION	8. AMOUNT PAID
01/30/200X	31450	Motorola Company	radio service contract	135.00
01/30/200X	31451	State of Michigan	3 boat registrations	9.00
01/30/200X	31452	CenturyTel	cellular phone bill	19.90
02/27/200X	31510	Nye Uniform Company	shirts, pants, name tags	100.00
03/30/200X	31521	Staples	pens, pencils, notebooks	15.00
03/30/200X	31522	Ameritech	phone bill	40.00
03/30/200X	31523	Mark's Construction Company	building lease for boat storage	200.00
			9. Subtotal this page:	518.90
	_		10. GRAND TOTAL (Also record on PR1932)	\$518.90

PR1932-5 (Rev. 11/22/2005

#### PR1932-6 Students Trained Detail

This form is used to report the training conducted for boating safety classes. If no boating safety classes were conducted, indicate this on the form.

- Item 4 Enter the date the class was conducted.
- **Item 5** Enter the number of hours spent conducting the class.
- **Item 6** Enter the location of the class.
- **Item 7** Enter the number of students trained.
- Item 8 Enter the number of students certified.

NOTE: THE NUMBER OF STUDENTS TRAINED AND CERTIFIED MUST EQUAL THE NUMBERS REPORTED ON THE SEMI-ANNUAL AND YEARLY ACTIVITY REPORTS. IF NOT, REVIEW THE ACTIVITY REPORTS TO SEE WHERE THE ERROR OCCURRED.

## **EXAMPLE OF COMPLETED PR1932-6, STUDENTS TRAINED DETAIL**



# Michigan Department of Natural Resources - Grants Management MARINE SAFETY PROGRAM FINANCIAL REPORT

#### STUDENTS TRAINED EXPENDITURE DETAIL

Required by authority of Part 801, 1994 PA 451, as amended, to receive grant reimbursement

. COUNTY			2. REPORTING PERIOD FROM	3. REPORTING PERIOD TO
XXXXX			January 1, 20XX	December 31, 20XX
4. DATE OF CLASS	5. NO. HOURS	6. PLACE TRAINING CONDUCTED	7. NUMBER TRAINED	8. NUMBER CERTIFIE
03/20/200X	16.00	Know It All High School	20	
03/21/200X	15.50	Grand High School	50	
03/25/200X	8.75	Mission Junior High School	35	
			7[2][[2]	
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	\			
	L			
TOTALS	40.25	•	105	

PR1932-6 (Rev. 11/22/2005)

## **EQUIPMENT GRANTS**

Equipment grants may be awarded from federal and/or state appropriations, depending on the availability of funds. Requests for equipment funding need to be included on the Marine Safety Program Grant Application (Estimate of Authorized Expenditures PR1928), due on December 31 each year. A separate grant agreement will be issued for equipment grant awards.

# Deadlines (Grant recipients are encouraged to submit requests for reimbursement as soon as all documentation of purchase is available.)

Equipment purchased with federal funds

- Purchase by September 1.
- Reimbursement request due by September 30.

Equipment purchased with state funds

- Purchase by date indicated in grant award letter
- Reimbursement request due by September 30.

#### Applicable Forms

- PR1933E, Marine Safety Grant Agreement
- PR1929Equip, Marine Safety State Aid Voucher-Equipment
- PR1929-1, Detail of Expenditures-Equipment
- PR1925, Report of Equipment Purchased
- PR1926, Equipment Disposal Record

#### **Procedure**

- 1. Complete the PR1929-1, Detail of Expenditures-Equipment.
- 2. Complete the PR1929Equip, Marine Safety State Aid Voucher-Equipment.
  - Mark the box indicating the source of funds for the purchase.
  - The amount requested (line 4) will be 100% of line 3 for federal funds and 75% (3/4) for state funds up to the grant amount.
- 3. Obtain a copy of the invoice(s) and front and back of the canceled check(s). These are to be attached to the PR1929-1, Detail of
  - Expenditures- Equipment.
- 4. Complete a PR1925, Report of Equipment Purchased.
  - The date of purchase MUST be on the form.
  - Mark the box indicating source of funds for the purchase.
- 5. Complete a PR1926, Equipment Disposal Record, if equipment purchased with state or federal funds was used as a trade-in for new equipment. This form also needs to be completed if equipment purchased with state or federal funds is sold, missing (need an explanation) or has been disposed of as worthless.
  - The date of disposal MUST be entered.
  - Enter the original purchase date, if known.
  - Mark the box indicating the source of funds for the original purchase.

PAGE 24 IC1929-2 (Rev. 06/12/2006)

# SAMPLE OF PR1929EQUIP, MARINE SAFETY STATE AID VOUCHER-EQUIPMENT



Michigan Department of Natural Resources / Grants Management

# MARINE SAFETY PROGRAM

MCHIGAN This info	STATE A  ormation is required by authority of	<b>VOUCHER -</b> of Part 801, 1994 PA 451, a			ent. FEDERAL FUNDS
		OATING SAFETY FINA			STATE FUNDS
Pay to:, Treasurer,					, County
Street Address or P.O.	. Box				
City, State, Zip Code					
	EXPENDITURE ITEM		COL	INTY USE	DNR USE ONLY
1. Equipment (From	Detail of Expenditures)				<u> </u>
2. Less Trade-In	,				
3. TOTAL					
5. <b>REQUEST</b>	FEDERAL (100% o	f Total on Line 4)			
AMOUNT:	STATE (3/4 of Total	on Line 4)			
adopted by the De	partment of Natural Resourc	es and that the county	listed is entitled to	payment of State Ai	d expenditures and regulations d in accordance with Part 801, en included in a State Aid claim.
Name of Fiscal Off	icer (Type or Print)		Title		
Signature of Fiscal	Officer		Date		
6. I hereby certify that the schedule of ab payment of State A	t the above payroll and list of	egulations adopted by t	n reviewed and the	t such expenditures latural Resources w	when made in accordance with ould entitle the county listed to ried to by the county sheriff and
Ву:		Dat	e:		Amount of State Aid Certified for Payment
By:			e:		\$
7.		FOR DEPARTMENT	OF TREASURY II	ISE ONLY	
Date County Mar	rine Safety Fund Audited dit Results	Τ			
Return complete	d <i>State Aid Voucher-E</i> locumentation to:	Equipment (PR 192		il of Expenditure	es-Equipment (PR 1929-1)
	GRAI MICH PO B	INE SAFETY PRO NTS MANAGEME IIGAN DEPARTN OX 30425 BING MI 48909-79	ENT IENT OF NAT	TURAL RESOU	RCES
					PR1929Equip (Rev. 05/04/2006)

.....

FOR CALENDAR YEAR:

## SAMPLE OF PR1929-1, DETAIL OF EXPENDITURES-EQUIPMENT



Michigan Department of Natural Resources - Grants Management

#### MARINE SAFETY PROGRAM

#### **DETAIL OF EXPENDITURES - EQUIPMENT**

This information is required under the authority of Part 801, 1994, PA 451, as amended, to obtain/qualify for reimbursement.

ounty		
ounty		
ate		

Date Paid	Voucher Number	Vendor	Item Purchased	Trade In Received	Actual Cost
		166			
			HHDHP		
		- N V J L			

Return completed form to: MARINE SAFETY PROGRAM

**GRANTS MANAGEMENT** 

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

PO BOX 30425

**LANSING MI 48909-7925** 

PR1929-1 (Rev. 04/26/2006)

#### SAMPLE OF PR1926, EQUIPMENT DISPOSAL RECORD



Michigan Department of Natural Resources / Grants Management

Marine Safety Program **FEDERAL FUNDS EQUIPMENT DISPOSAL RECORD STATE FUNDS** Submittal of this information is required by authority of Part 801, 1994 PA 451, as amended. CFDA 97.012 BOATING SAFETY FINANCIAL ASSISTANCE INSTRUCTIONS Complete this record of disposal for all equipment, including equipment from inventory, trade-in, to be deleted. County Equipment Sold For Status ☐ Obsolete Worthless Missing Reason for Disposal (Add explanation if needed) **Purchase Date Description** (Make, Model Number, Serial Number, Size, etc.) Method of Disposal **Disposal Date** I hereby certify that the above information is Send to: true and correct and that the equipment has MARINE SAFETY PROGRAM been disposed of as stated above. **GRANTS MANAGEMENT** MICHIGAN DEPARTMENT OF NATURAL RESOURCES PO BOX 30425 **LANSING MI 48909-7925** Signature of Authorized Agent Date PR1926 (Rev. 04/11/2006)

FOR CALENDAR YEAR

#### SAMPLE OF PR1925, REPORT OF EQUIPMENT PURCHASED



Michigan Department of Natural Resources Law Enforcement Division / Grants Management

#### MARINE SAFETY PROGRAM

#### REPORT OF EQUIPMENT PURCHASED

Submittal of this information is required by authority of Part 801, 1994 PA 451, as amended. CFDA 97.012 BOATING SAFETY FINANCIAL ASSISTANCE

FOR CALENDAR Y	EAR:
FEDERAL FUNDS STATE FUNDS	

INSTRUCTIONS
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A separate report is required for each requisition or voucher. Provide description of item purchased and trade-in. Include value received for trade-in.

Vendor		County			
Purchase Date	Description (Make, Model No., Serial No., Size, etc.)	Quantity	Unit Price	TOTAL	

I hereby certify that the purchased item(s) are necessary; are for a purpose included within the budget and appropriation, or otherwise authorized by the Department of Natural Resources; and payment, therefore, represents a proper charge.

TOTAL COST:

\$

Return this completed Report of Equipment

MARINE SAFETY PROGRAM

GRANTS MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL
RESOURCES

PO BOX 30425 LANSING MI 48909-7925

Signature of Authorized Agent

Date

PR1925 (Rev. 06/07/2006)



# **ACTIVITY REPORTS**

Counties are required to submit two semi-annual activity reports and a yearly activity report each year to the DNR for the Marine Safety Program. The reports are due to Grants Management as follows:

- Semi-Annual activity report covering January through June is due on July 31
- > Semi-Annual activity report covering July through September (for counties receiving all federal funds) is due with the Marine Safety State Aid Voucher.
- Semi-Annual activity report covering July through December (for counties receiving a mix of federal funds and state funds) is due on January 31
- Yearly activity report is due on January 31 for <u>ALL COUNTIES</u>. This deadline is necessary in order for the federal report to be completed on time.

ALL INFORMATION MUST BE ACCURATELY COMPLETED AS IT IS NEEDED FOR A REPORT TO THE U.S. COAST GUARD IN ORDER FOR THE DEPARTMENT OF NATURAL RESOURCES TO REMAIN ELIGIBLE FOR THE FEDERAL GRANT.

THIS FORM IS TO BE USED FOR SUBMITTAL TO DNR, NOT FOR YOUR DAILY OR MONTHLY COUNTY REPORTING.

#### **GENERAL INSTRUCTIONS**

- 1. DO NOT USE OLD FORMS. A fillable PDF form is available on the Grants Management website at <a href="https://www.michigan.gov/dnr-grants">www.michigan.gov/dnr-grants</a>. From there go to the following links:
  - Under "Overview", click on "Grant Programs"
  - Under "Law Enforcement", click on "Marine Safety Grants to Counties"
  - Click on "Forms and Publications", and then click on "Activity Report PR1927"
- 2. The hours on the first page will total automatically and automatically be entered under "Total Hours from Page 1" on page 2. Page 2 is for reporting on the water patrol information and will total automatically. If additional sheets are needed, enter the totals from those sheets in the corresponding boxes on the line titled, "Total from Additional Pages". The total hours will automatically be entered under "Total Patrol Hours". The "Grand Total" will calculate automatically.
- 3. The "Date" is the date the report is completed.
- 4. Enter the total number officers working in your county Marine Safety program. Also provide the names of the officers.
- 5. If two officers are assigned to a boat during patrol of bodies of water, include the hours of both officers.
- 6. The number of students trained and certified as well as the number of hours must be the same as reported on the PR1932-6 Students Trained Report.
- 7. Time spent doing reports, annual leave, sick leave or any other time included on the PR1932-1 Employee Salary/Wages/Fringes Expenditure Detail for which there is no category on this form should be included under "Other Program Administration Hours".
- 8. There are several categories under Officer Training. The "DNR Approved Training" is for the Administrator's Workshop, new recruit training or any other training APPROVED by the DNR. The number of officers attending the training, the number of hours and the type of training must be stated. "Other Basic Law Enforcement Training" would include dive training, firearms training and any other Marine Safety training not approved by the DNR and not included in the other three categories. DO NOT INCLUDE SNOWMOBILE OR ORV LAW ENFORCEMENT TRAINING.
- 9. THE FORM MUST BE SIGNED.
- 10. The hours on the two semi-annual reports must equal the hours on the yearly activity report. The hours on the yearly activity report must equal the hours reported on the PR1932-1 Employee Salary/Wages/Fringes Expenditure Detail.

# SAMPLE OF PR1927, ACTIVITY REPORT



Michigan Department of Natural Resources, Grants Management

# MARINE SAFETY PROGRAM ACTIVITY REPORT

This information is requested by authority of Part 801, 1994 PA 451, as amended, and 49 CFR Part 18

County	Date	Number of	Officers
Type of Report  Semi-Annual Report for through  Yearly Report for	Name of Officer(s)		
ACCIDENTS – BOAT ACCIDENTS – NON-BOAT			_ HRS
SEARCH AND RESCUE NO. BOATS NO.	IO. PERSONS	NO. CASES	HRS
	IO. PERSONS	NO. CASES NO. CASES	
BOATING SAFETY STUDENTS  NO. CLASSES CONDUCTED  NO. VOLUNTEER INSTRUCTORS NO. PAID I		NO. CERTIFIED	HRS
OFFICER TRAINING  DNR APPROVED TRAINING  TYPE OF TRAINING		NO. TRAINED	_
OTHER BASIC LE TRAINING  USCG NATIONAL BOATING SAFETY INSTRUCTOR CO  ACCIDENT INVESTIGATION TRAINING  ADVANCED OWI/DRUG RECOGNITION TRAINING	OURSE	NO. TRAINEDNO. TRAINEDNO. TRAINEDNO. TRAINED	_
PUBLIC MEETINGS  TYPE OF MEETING		-	HRS
OTHER AGENCY COOPERATION  DEPARTMENT AND  LOCATION		NO. CASES	HRS
LIVERY INSPECTIONS NO. LIVERIES EQUIPMENT MAINTENANCE COURT APPEARANCES OTHER PROGRAM ADMINISTRATION	NO. BOATS	FAILEDTOTAL HOUR	HRS HRS

# SAMPLE OF PR1927, ACTIVITY REPORT



Michigan Department of Natural Resources, Grants Management

# MARINE SAFETY PROGRAM ACTIVITY REPORT

This information is requested by authority of Part 801, 1994 PA 451, as amended, and 49 CFR Part 18.

County		Date				
	P.A	ATROL SUMMA	ARY .			
Body of Water	No. of Patrol Hours	No. of Contacts	No. of Tickets	No. of Warnings	No. of Complaints	No. of Persons Arrested /Cited for OWI
				П		
			150	H		
	2	UU	$\mathcal{A}$			
$\sim$		111				
TOTAL FROM ADDITIONAL PAGES						
Totals	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL PATROL HOURS	0.00					
TOTAL HOURS FROM PAGE 1	0.00					
GRAND TOTAL	0.00					_
		Approved	Ву:			
Signature of Officer Date		Signature	of Command Office	cer	Date	

Return this completed Activity Report to:

MARINE SAFETY PROGRAM GRANTS MANAGEMENT MICHIGAN DEPARTMENT OF NATURAL RESOURCES PO BOX 30425 LANSING MI 48909-7925